



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 01/12/2004

Business ID: 196675

William M. Gardner

Secretary of State

200401290232

STAFFING REALTY, LIMITED LIABILITY COMPANY

PO BOX 6655

MANCHESTER, NH 03108

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 6655

MANCHESTER, NH 03108

REGISTERED AGENT AND OFFICE:

THEODORE L OATSAS

111 CHARLES WAY

MANCHESTER, NH 03108

ENTITY TYPE: LLC

BUSINESS ID: 196675

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020466511

REAL ESTATE INVESTMENTS & HOLDINGS, BUSINESS
CONSULTING, MGMT & GEN INVESTMTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME MICHAEL J GATSAS

STREET PO BOX 6655

CITY/STATE/ZIP MANCHESTER, NH 03108

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the Manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

MICHAEL J GATSAS

Please print name and title of signer:

MICHAEL J GATSAS

/

MEMBER

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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